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SOME POINTS RELATING TO THE MEDICAL JURISPRUDENCE OF INSANITY.

By Edward C. Mann, M. D., F. S. S., M. R. A. S., member Med. Soc. Co. of New York; Brooklyn Pathological Soc., Hon. Mem. Scientific Section, Imperial University of Kharkiff, Russia; Asso. Mem. Societe Psychologique, of Paris; Gold Medallist of Soc. Science, Letters and Art, of London, etc.

A product of mental disease is not a contract, a will or a crime, and the tests of mental disease are matters of fact, etc.; how then, is this question of insanity to be approached by a legal tribunal? What tests are to be applied for disease? What limits assigned, within which, extravagance of thought is to be pronounced compatible with mental health? Nor do I conceive that any tests, however elaborate, beyond the common and ordinary method of judging in such matters, would be competent to bear the strain of individual cases in the cause of experience. To say that the expert testifies to the tests of mental disease as a fact, and the judge declares the test of criminal responsibility as a rule of law, is only to state the dilemna in another form. For, if the alleged act of a defendant was the act of his mental disease, it was not, in law, his act, and he is no more responsible for it than he would be if it had been the act of his involuntary intoxication, or of any other person using the defendant's hand against his utmost resistance; if the defendant's knowledge is the test of responsibility in one of these cases, it is the test in all of them. If he does know the act is wrong, he is equally irresponsible, whether his will is overcome and his hand used by the irresistible power of his own mental disease, or by the irresistible power of another person. When disease is propelling, uncontrollable power, the man is as innocent as the weapon—the mental and moral elements are as guiltless as the material. If his mental, moral and bodily strength is subjugated and pressed to an involuntary serivce, it is immaterial whether it is done by his disease or by another man or a brute or any physical force of art or nature set in operation without any fault on his part. If a man knowing the difference between right and wrong, but deprived, by either of these agencies, of the power to choose between them is punished, he is punished for his inability to make the choice—is punished for incapacity; and that is the very thing for which the law says he shall not be punished. He might as well be punished for an incapacity to distinguish right from wrong as for an incapacity to resist a mental diesease which forces upon him its choice of the wrong. Whether it is a possible condition in nature for a man knowing the wrongfulness of an act to be rendered by mental disease incapable of choosing not to do it and of not doing it—and whether a defendant, in a particular instance, has been thus incapacitated—are ob-

viously questions of fact. But, whether they are questions of fact or of law, when an expert testifies that there may be such a condition, and, that, upon personal examination, he thinks the defendant is or was in such a condition that disease has overcome or suspended, or temporarily or permanently obliterated his capacity of choosing between a known right and a known wrong, and the Judge says that knowledge is the test of capacity, the Judge flatly contradicts the expert. Either the expert testifies to law or the Judge testifies to fact and from this dilemma the authoriculty is, that the courts have undertaken to declare that to be law which is a matter of fact.

The New Hampshire doctrine is followed in Illinois and Indiana. Hopps vs. People, 31 Ill., 385; Bradley vs. State, 31 Ind., 492 (1869); Stevens vs. State, 31 Ind., 483 (1869).

In North Carolina, in State vs. Haywood, Phill. (N. C), 376 (1887), the defendant having committed murder and his counsel defending him on the ground of insanity, the Judge instructed the jury that "if the prisoner, at the time he committed the homicide, was in a state to comprehend his relations to other persons, the nature of the act and its criminal character, or, in other words, if he was conscious of doing wrong at the time he committed the homicide, he is responsible. But, if on the contrary, the prisoner was under the visitation of God, and could not distinguish between good and evil, and did not know what he did, he is not guilty of any offense against the law, for guilt arises from the mind and wicked will." On the appeal this charge was commended as a model for other trial judges in the State to follow.

In Ohio, State vs. Gardiner, Wright 399 (1883), it was held that the same degree of insanity which excuses a man from his contracts, will exonerate him from accountability for crime. In the case of Loeffner vs. State, 10 Ohio St., 599, the Supreme Court laid it down that the test was whether the prisoner had sufficient reason and capacity to distinguish between right and wrong, and to understand the nature of his act, and his relation to the party injured. In the case of Farrar vs. State, 2 Ohio St., 70, the ability to distinguish between right and wrong was the test of insanity laid down by the Supreme Court. See also Clark's case, 12 Ohio, 494.

In Pennsylvania: In the case of Commonwealth vs. Harkin, 2 Pars. Sel., cas. 439; 2 Clark, 208, Judge Parsons charged the jury that "if he had reason and understanding so that he could judge between good and evil he is as much amenable to the criminal law as any other human being, etc." Other cases where the right and wrong test have been recognized in Pennsylvania are Commonwealth vs. Winnemore, Brewster 356, 1867; Commonwealth vs. Hart, 2 Brewster, 547 (1868); Commonwealth vs. Harkin, 2 Pars. 439; 2 Clark, 208 (1844); Commonwealth vs. Freth, 3 Phila. 105; 3 Clark, 455 (1858); Commonwealth vs. Mosler, 4 Pa. St. 264 (1846): In the Winnemore case, epilepsy evidently prompted the deed and the legal profession are referred to the late Dr. Ray's very valuable remarks on epilepsy and the legal liabilities of epileptics as contained in "Contributions to Mental Pathology," trial of Winnemore, p. 264, 1873: Little, Brown & Co. Because some epileptics have never committed any overt act and may have left a brilliant record, we must not forget that epileptics have an excessive susceptibility to nervous impressions which become distorted or changed on their way to the brain, and these distorted impressions may not infrequently prompt a criminal act. It is just as important for the legal profession to accept this scientific truth as it is for them to bear in mind that other no less important truth, that with women in the sexual evolution, in pregnancy, in childbirth, in lactation and at the climacteric period, strange thoughts, extraordinary feelings, unseasonable appetites and criminal impulses may haunt a mind at other times innocent and pure. Many cases of kleptomania, pyromania and of psycho-sensory insanity can thus be satisfactorily account-

ed for. There can be no Judge who in his heart does not believe in a true humanity enlightened by true science. In the case of State vs. Winter, tried at Easton, Pa., October 9, 1885, the indictment being for assault with intent to kill, Judge Howard J. Reeder charged the jury that "with regard to the alleged insanity of the prisoner, that if they believed the act in question was the product of mental disease, they should acquit. That a man may have monomania and commit acts unconnected with the delusions for which he is responsible. That if he was incapacitated by mental disease from distinguishing between right and wrong in regard to the particular act, he was irresponsible, etc." Judge Reeder in his charge virtually takes the broad and liberal ground that where there is loss of self-control caused by insanity, there is irresponsibility.

In Tennessee and Texas the right and wrong test is followed: Dore vs. State, 3 Heisk., 348 (1872); Stuart vs. State, 1 Baxt., 180 (1873); Thomas vs. State, 40 Tex. 60 (1874); Erwin vs. State, 10 Tex. (App.) 700 (1881); Clark vs. State, 8 Tex. (App.) 350; Williams vs. State, 7 Tex. (App.) 163, (1879).

In the United States Courts or Federal Courts, the right and wrong test is recognized. U. S. vs. Holmes, 1 Cliff., 98 (1858); U. S. vs. McGlue, 1 Curt., 1 (1851); United States vs. Guiteau (10 Fed. Rep. 161) 1881.

Respecting the acts and conduct, the following has been laid down: In considering the question of the sanity of a prisoner, the jury may properly be directed to consider his appearance, conduct and language prior to the time of the commission of the alleged crime. State vs. Mewherter (46 Iowa, 88).

In a criminal prosecution for the crime of murder, the witnesses for the accused may, under the plea of insanity, be permitted to give to the jury the acts, declarations, conversations and exclamations they saw, had with and heard the accused make at any time, shortly before, at the time of or after the killing. State vs. Hays (22 La. Ann. 39).

Where insanity is relied on as a defense to crime, evidence of acts and conduct of the prisoner subsequent to its commission is not admissible to prove his condition at the time of the offense, unless they are so connected with evidence of a previous state of mental disorder as to strengthen the presumption of its continuence at the time of the crime, or when they indicate permanent unsoundness, which must necessarily relate back. (117 Mass. 143) 1875, Com. vs. Pomeroy.

The prisoner's acts and conduct at times other than that at which the crime was committed are receivable in evidence. Com. vs. Pomeroy as above; State vs. Kelly, 57 N. H., 549 (1876); Guiteau case, 10 Fed. Rep., 161; State vs. Hays, 22 La. Ann., 39 (1870); U. S. vs. Holmes, 1 Cliff., 98 (1858). Where the sanity of a prisoner is at issue, a letter written by him prior to the commission of the alleged offense is admissible in evidence to throw light on the condition of his intellect at the time of the act charged. If destroyed, secondary evidence of its contents may be given. State vs. Kring, 64 Mo. 591 (1877), overruling on this point State vs. Kring, 1 Mo. (App.) 438 (1876). In Choice vs. State, 31 Ga., 424 (1860), it was held that the evidence of a conversation subsequent to the act charged was inadmissible to prove the defendant's insanity, and so are tests made by one not an expert at the time. In State vs. West, 1 Hurst. Cr., Cas. 371 (1873) in Delaware, a valueless collection of no possible interest, which the prisoner had made from time to time with the idea of starting a museum, was allowed, under the plea of insanity, to be produced and shown to the jury.

In Com. vs. Wilson, 1 Gray, 337, where the defense was that the homicide charged had been committed by the prisoner under the insane delusion that the deceased and others were engaged in a conspiracy against him, expressions of hostile feelings toward the prisoner made by the deceased, though not shown to have been made in the defendant's presence, nor to have come to his knowledge, were held admissible for the

purpose of showing the state of mind of the deceased toward the prisoner at the time, and this tendency to show some real ground for the prisoner's feeling toward the deceased. In Coles trial, 7 Abb. Pr. (N. S.) 321 (1858), it was held that preparations made by a person to commit the crime are relevant on the question of sanity and premeditation.

Respecting the burden of proof, we think as was decided in case of Com. vs. Rogers (7 Metc. 500; 1 Bennett and Heard's leading cas. Crim. Law, 95), that a jury may find a person insane where a fair preponderance of the evidence is in favor of his insanity; (also, Coyle vs. Commonwealth, 100 Pa. St. 573). In this case it was also properly decided that where the delusion of a person is such that he has a real and firm belief of the existence of a fact which is wholly imaginary, and under that insane belief he does an act which would be justifiable if such fact existed, he is not responsible for such act. It was also held in this case that capacity and reason sufficient to enable one to distinguish between right and wrong and understand the nature, character and consequences of his act, with mental power sufficient to apply that knowledge to his case, furnish the legal test of sanity. The last qualifying clause—"with mental power sufficient, etc."—is a very important one, as many of the insane perfectly understand the difference between right and wrong but there is the loss of self control produced by disease and not mental power enough to make them apply the knowledge of right and wrong to their own case.

Respecting degrees of crime. In Anderson vs. State (43 Com. 514; 21 Am. Rep. 669), it was held that though a total want of responsibility on account of insanity be not shown, yet if the prisoner's mind was so far impaired as to render him incapable of a deliberate, premeditated murder, he should be convicted only of murder in the second degree. It was also held in this case that moral mania, i. e. the derangement of the moral faculties, (Reasoning Mania), where it is proved to exist, should be considered by the jury in determining the degree of crime. It was also held in this trial that when a new trial is asked for after conviction on the ground of newly discovered evidence of insanity it should be granted

With respect to drunkenness: If a person while sane and responsible, makes himself intoxicated, and while intoxicated, commits murder by reason of insanity, which was one of the consequences of intoxication, and one of the attendants on that state, he is responsible. (United States vs. McGlue, 1 Curt. 1., 1851. Voluntary drunkenness is no excuse for crime; but insanity produced by continued intoxication is. Bradley vs. State (Ind.) p. 115.

Where a person is insane at the time he commits a murder he is not punishable as a murderer, although such insanity be remotely occasioned by undue indulgence in spirituous liquors. But it is otherwise, if he be at the tme intoxicated, and his insanity be directly caused by the immediate influence of such liquors. U. S. vs. Drew, 5 Mason, 28.)

In the case of People vs. Rogers (18 N. Y., 9), it was held that voluntary intoxication is no excuse for crime. Also that insanity resulting from habits of intemperance and not directly from the immediate influence of intoxicating liquors may amount to a defense to crime.

It must be borne in mind that all alienists of experience place dipsomania under the head of periodical insanity, and do not consider it as voluntary intoxication at all, but involuntary.

In a case of dipsomania the craving for drink which appears periodically is as irresistible to the subject of the disease as the attack of mania is to the subject of recurrent mania and it is just as proper to punish the one as the other, for overt acts committed during the paroxysm. The public are very prone to believe that because a man or woman goes two or three months without drinking and then suddenly plunges into a wild debauch lasting ten days or a fortnight, that he is morally responsible, but if a physi-

cian of experience in the disease of inebriety be summoned by the Court he will easily decide whether the case be one of dipsomania or of voluntary intoxication.

Respecting kleptomania, on a trial for theft, the defense being the propensity to steal known as kleptomania, and there being evidence tending to sustain it, the Court should charge the jury specifically on this point. A submission of the usual test of the prisoner's ability to distinguish between right and wrong is insufficient. (Looney vs. State, 10 Tex. (App. 520). Judge Wnikler, of the Court of Appeals, held that the trial judge should have charged the jury that kleptomania is a recognized symptom of insanity.

Respecting imbecility, an imbecile ought not to be held responsible criminally unless of capacity of ordinary children under 14 years of age, i. e. children of humble life and of only ordinary training. State vs. Richards (39 Com. 591).

Respecting the effects of the opium habit on the mind, in Rogers vs. State, 33 Ind., 543 (1870), the defendant sought to show the effect of such deprivation on his mental condition, but the trial judge refused to allow him. On appeal this ruling was reversed. "We think," said the Supreme Court, "the evidence was competent, as tending to show whether or not he was or not at the time in a condition mentally such as to be able to commit a larceny." From a somewhat extended experience in the treatment of opium cases it is our opinion, that there is a modified responsibility in many of these cases. The moral senses seem to be affected in the opium habit in many cases, and a psycho-sensory insanity induced.

Respecting insane or uncontrollable impulse. If an insane impulse leads to the commission of a crime, the actor is not responsible. An instruction that "if the jury believe that the defendant knew the difference between right and wrong in respect to the act in question; if he was conscious that such act was one which he ought not to do, he was responsible for his act" is erroneous. (Stevens vs. State, 31 Ind., 485) 1869.

If a person commits a homicide, knowing it to be wrong, but driven to it by an uncontrollable and irresistible impulse arising not from natural passion, but from an insane condition of the mind, he is not criminally responsble. (State vs. Felter, 25 Iowa, 67), 1868.

Respecting the opinions of persons not experts. A witness not an expert may give his opinion of a person's insanity if accompanied with the facts on which it is based. (State vs. Erb, 74 Mo. 199), 1887.

The opinions of an ordinary witness as to a prisoner's insanity are inadmissible. (State vs. Brinyea. 51 Ala., 241), 1843.

Opinions of witnesses as to the prisoner's insanity are admissible. (12 Mo. 223). Unprofessional witnesses may be asked, after giving the circumstances and conduct of the party, to state their opinion as to his sanity; and the exclusion of such evidence offered by a defendant is error. (Dove vs. State, 3 Heisk, 348) Tenn. Jan. 1872.

The opinions of persons not experts as to the sanity of the prisoner are admissible, if accompanied by the fact upon which they are founded. (Choice vs. State, 31 Ga., 424.) 1860.

The opinions of the family physician and of those who were in daily contact with a person who has committed an overt act, ought to be received in cases where insanity is alleged, as they are often the persons best qualified to judge of the general condition of the person for days, weeks or months prior to the commission of an overt act.

Respecting insanity in relatives. In nearly every State it is held that on the question of the prisoner's insanity it is right and proper to permit an inquiry into the mental condition of any of his immedate relatives, and this should never be lost sight of by the counsel, as it is a very important point. State vs. Felter, 25 Iowa, 67; Bradley vs. State, 31 Ind., 492; U. S. vs. Guiteau, 10 Fed. Rep., 161; Baldwin vs. State, 12 Mo. 223; People vs. Garbutt, 17 Mich. 9; Hagan vs. State 5 Baxt. 615, Tenn.

A PRACTICAL STUDY OF THE BLOOD AND THE CIRCULATION, WITH A HISTORICAL REVIEW OF THE SUBJECT AND ITS BRIEF CONSIDERATION FROM THE STANDPOINT OF ITS CLINICAL COMPOSITION, ANATOMICAL STRUCTURE, AND PHYSIOLOGY; INCLUDING CLINICAL STUDIES, AND EXPERIMENTAL RESEARCH ON THE LOWER ANIMAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

Continued from last number.

Part II.

HISTORICAL INCIDENTS AND VIEWS OF THE EARLY WRITERS ON THE CIRCULATION.

We are informed by historians and those familiar with the literature of antiquity, that the period represented by the times of Aristotle marked the dawn of the physical sciences.

Aristotle himself the son of a physician was among the first to seriously engage in a study of the circulation; utilizing for this purpose, we are informed, the lower animal

But as his researches were but disconnected and fragmentary they tended to throw but little light on the mechanism of the circulatory system, the mysteries of which, were only unfolded more than two thousand years later, by a son of Albion.

Praxogras was the first to make a distinction between the veins and arteries. This was 400 years before the birth of Christ (Obs. Comp. D' Hippocrate, t. p. 214). His most important innovation related to the structure of the arteries; though in function he believed they served the purpose of conveying gas; which is strictly true, as ogygen gas is diffused through the system in a soluble state, through a fluid medium.

In the Alexandrian School, which was at the zenith of its fame, about two hundred years before the Christian era, we notice the names of those celebrated anatomists, Herophillies and Erisistratus; and in this famous centre of medical learning Dalton informs us dissection was permitted by decree of state. From the pens of the above named teachers we first secure a clear and accurate description of the valves of the heart; but with steadfast and loyal allegiance, to the dominating views of their time, they insisted that they only contained blood, and the arteries, air.

The greatest move forward, on correct lines, came with the advent of Galen, who came to Rome, in the second century, A. D. Until his time, the arteries were supposed to contain and carry spirits only; or pneuma. But, by patient and long continued dissection, combined with painstaking observing on the lower animal, he was at last convinced that the arteries were bearers of blood, that they were destitute of valves and possessed great strength and power.

The advent of this mighty genius opened the way for his successors and definitely established certain factors soon to crystallize into impregnable principles.

Galen, as the physician of the royal family, was the leading physician of the first city of the world, and was regarded as the greatest living authority; and, we are informed, for more than a thousand years his anatomical precepts and descriptions were taught, unaltered in all the great medical centres of Europe. In his teaching he insisted on the importance of correctly interpreting visible phenomena. He repeatedly demonstrated, that when an artery was cut, large or small, it always gives issue to blood. He would expose a large artery; as the femoral or brachial; ligate it in two places, and then show the constricted section distended with blood. He made repeated and conclusive demonstrations in this feature of the circulation and in this manner wrought an unparalleled revolution in physiology, with a corresponding upheaval in the more ancient views, which made their impress, through their practical or clinical bearing of the subject. It was he, too, who discussed and proved inter-dependence be-

tween the heart and pulmonary organs. According to his notion, the lungs served to maintain animal heat, and to ventilate and cool the blood. Galen went so far ahead of his time as to venture the assumption that the terminal arteries and veins in the periphery anastomosed throughout the whole body, by which their elements blended.

Thus we see an important doctrine practically established, fifteen centuries before with the microscope and fine stained injections, we were enabled to give a visible demonstration of it.

At the University of Bologna, in the twelfth century, Modoni first published a work on anatomy, which embraced a history of the valves of the heart, with the movements of the auricles and ventricles.

For the next succeeding two centuries, viz.: to the sixteenth century, the brilliant and celebrated Versalius appeared; the first, it is said, who even taught anatomy as a science. He was a scientific investigator of the highest order, and in 1657 we find him teaching anatomy in the far-famed University of Padua. At a great risk of unpopularity he took issue with Galen's teachings. He taught that the venous blood was formed in the liver, from the chylous juices, brought there by the portal veins—a doctrine by no means far out of the way—this, in time furnishing nourishing material for the sustenance of the tissues. To dwell at length on the extensive advances made by Versalius, or attempt to incorporate those most suggestive of the great discovery so near at hand, would occupy more space than is here permitted. It is enough to say that his writings clearly foreshadow how close he approached the portal of complete discovery; though in the fullness of his powers and scarcely at the meridan of life, in obedience to royal command, he ceased to teach and repaired the Madrid, as the household physician to the royal family.

After Versailius came the erratic, though remarkable character, Michael Servetus, who was burned at the stake, by order of Calvin, in Geneva. His writings dealt rather with ecclesiastical subjects. To him, without question, nevertheless, we owe the discovery of the pulmonary circulation. He denied that the blood filtered through the septum from right to the left ventricle. Ambrose Pare, in his Anatomie-Universale, gives to Columbo the credit of having discovered a new route for the blood through the lungs, where it is mixed with "vital spirits," to return by the "arteria-venosa."

Strange to say, Fallopius, a contemporary of Columbo at Padua, in his works makes no mention of the circulation at all. Fabricius Hilandus in the latter part of the sixteenth century made further studies on the valves of the veins; but with this exception we note nothing of importance further revealed till the time of William Harvey, whose advent came just fifteen centuries after Galen. Harvey had come fresh from the hands of Fabricus; had imbibed a spirit for research from that noted centre of anatomical learning, the University of Padua, and in London, at the age of 38 years, we find him commencing a course of lectures on the circulation, and announcing to the professional world his great discovery. This was in 1616.

At the end of nine years his treatise appeared. He had made repeated demonstrations on the living animal, before students and physicians, who came from every quarter of the globe to witness the marvelous spectacle. This epoch marks the turning point in medical science, for never before in history did any scientific discovery work so profound a revolution. It is most remarkable to relate, however, that Harvey denied the anastomosis between the arteries and veins.

Marcelli Malpighi was the first to prove by visible demonstration the circulation in the capillaries, and discovered the red blood globules, in 1661. He utilized the frog for this purpose, exposing the lungs. In 1773, 115 years later, Hewson discovered the white corpuscle. In 1684 Dr. William Molyneau, a member of the Dublin Royal Society, first demonstrated the circulation in the liv-

ing animal, under the eye, using therefor the water-newt; as he puts it, he saw the blood flowing "as plainly as water running through a sieve."

In 1690 Leanwenoch witnessed the moving, red corpuscle in the tadpole It is singularly strange, as Norris has pointed out, that "although it is more than 230 years since the red corpuscle was discovered, and 120 years since the white was, we are yet in profound ignorance of either their precise origin, or mode of developement."

We here have briefly outlined a few items of historical interest in connection with our subject. They possess high value from other considerations; as indicating to us how slow the wheels of progress moved in the past, and how many centuries it required to demonstrate one of the simplest systems in the body, from a mechanical standpoint.

It further serves as an incentive to us, in our time, to press on and not despair; if we do not attain to the goal of entire success in our life-time, we may leave on record whatever we may be able to advance of our knowledge on this fascinating subject of the blood and the circulation.

Having briefly touched on the historical side of our subject, our next topic will have reference to the physico-dynamics and vital phenomena concerned in the moving the blood-current. The prevailing impression that the blood moves in obedience to physical laws alone, in the present state of our knowledge, must be disputed; and modern teachers have worked incalculable harm in some instance by striving to impress on the student that the heart is an organ, similar to an engine, moving entirely in obedience to mechanical laws, and that the course and finer movement of the general blood-current and hematic elements are wholly dependents on it.

(To be Continued.)

Literature.—Dalton. History of the Circulation.
—Galen. Mem.
—A. Pare. Recherches Du Sang.
—A. Versalins. Anatom. Nat.
—Avergena Malad. Du Sang.

THE TURKISH BATH.

BY LOUIS LEWIS, M. D., PHILADELPHIA.

Whoever indulges in a Turkish bath for the first time will be astounded at the vast amount of dead tissues and used-up bodily products that are expressed from his skin by the combined action of the hot air and massage. Countless rolls of effete material, that cannot be removed through the medium of ordinary perspiration, make their exit through the surface, by channels that were previously blocked and impervious. Simple perspiration—the first effect of the hot-air bath—acts on the smaller sweat-glands, and sets free the water, carbonic acid, and more or less nitrogen; but the larger sweat-glands, which are situated in the fatty tissues beneath the true skin, and contain the solid constituents lactates acetates, lime-salts, chloride of sodium, besides various extraneous matters present under unhealthly conditions are only acted on by the addition of scientific hand-kneading. The retention of these extraneous matters, urea, uric acid, acetone, bile-products, etc., leads to toxemic headaches, erythematous swellings, rheumatism, gout and jaundice. Another system of glands, the sebaceous or oil-glands, are also apt to become blocked; and their imprisoned tallowy contents, olein, stearin, palmitin, give rise to unslightly varities of acne on the face, chest and shoulders. But these glands are nearer the surface than the sweat-glands, and thus are more readily relieved of their contents. The sweat-glands also contain some fatty matter, similar to, but not identical with the contents of the sebaceous glands. The exit of sweat results partly from increased blood-supply, but more from reflex action in the sweat-centres, kindled through the medium of the nerve fibres.

No sensible person can doubt the expediency of ousting all these intruders from the system, by a method so agreeable and effectual as the Turkish bath. Then comes a sensation of relief from some indefinable

general obstruction, as though one were actually breathing through every portion of the body, and a feeling of buoyancy only comparable to "walking on air." A little muscular languor may remain, which, however, is not fatigue, yet invites one to indolent repose on a couch provided for the purpose; and after a short dreamy period, devoted to "thinking of nothing at all," (like the jolly young waterman) one rises as a "giant refreshed."

Numerous minor ailments and functional disorders are removed or ameliorated by the Turkish bath. The expectoration, hoarseness and oppression of breathing, attendant on "taking cold," are speedily relieved, also the lassitude and aching of limbs. In febrile conditions, it is necessary to restore the balance between oxidation and nutrition, or in other words, between the production of heat and its consumption; here the bath affords a rational remedy, by reducing and regulating the temperature. Heat is a source of motion in the animal body, and must not be unnecessarily wasted. Residents of cities, who lead sedentary lives, and take insufficient exercise in proportion to a free mode of living, are liable to a general plethoric condition, marked by a coated tongue, florid face, suffused eyes and bounding pulse; or the blood itself may be tainted with retained excrementitious material, as signalized by a moist tongue, pallid face, sallow skin, and depraved secretions. A regular use of the Turkish bath will go far to control the blood-supply, and, by removing the offending matter, restore the various organs to their normal state. The bath is very useful in neurasthenia, with a dry tongue, wayward appetite, disordered vision, tinnitus aurium, and headache; and in vertigo, even when the dizziness affects the gait, and causes a dread of walking alone. The bath tranquillizes the vital condition of all the nervous centres. Many persons are worried by morbid "thick-coming fancies" that trouble the brain and weigh upon the heart; these are commonly called "a fit of the blues" or "the vapours," and they are quickly exorcised by the Turkish bath. Chronic sleeplessness, whether due to rheumatic, gouty or dyspeptic disorders, yields to a course of baths, through the depurative effect of free transpiration and the functional activity that is awakened by the massage. Headaches of nervous and congestive origin and those due to the toxemic influence of urea, bile, alcohol, and malaria, succumb to this agent, when timely employed. Spinal irritation, rheumatism, lumbago, and sciatica, asthma, chronic bronchitis, and winter cough, irregular work of the kidneys and liver, are all alleviated by hot air and massage. Eczema, psoriasis, urticaria, prurigo, and other skin diseases are benefited; but for obvious reasons these are unsuited for treatment in public establishments. In fine, in any of the other conditions alluded to and in many functional disturbances outside of organic change, I would say to the patient,' without discrimination seriously and literally, "Go to Bath," and let it be a Turkish one.

2011 Arch street.

THE NERVE THEORY OF MENSTRUATION.

Christopher Martin, in a well-studied paper, concludes as follows: 1. Menstruation is a process directly controlled by a special nerve-centre. 2. That this centre is situated in the lumbar part of the spinal cord. 3. That the changes in the uterine mucosa during the period are brought about by catabolic nerves, and during the interval by anabolic nerves. 4. That the menstrual impulses reach the uterus either through the pelvic splanchnics or the ovarian plexus—possibly both. 5. That removal of the uterine appendages arrests menstruation by severing the menstrual nerves.—Montreal Medical Journal.

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HENRY BURCHARD, M. D., D. D. S., Philadelphia, Pa.
F. E. CHANDLER, M. D., Boston Mass.

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PHILADELPHIA, SEPTEMBER 28, 1895.

REOPENING OF THE MEDICAL COLLEGES.

After an interval of four or five months' vacation, all our medical colleges again throw open their doors to welcome back their former students and those who have decided to take up medicine as a calling and enter for their first time.

Within the past twenty years vast changes have taken place, and a revolution has been wrought, the effects of which will soon be made more obvious than they are at the present time. Until a comparatively recent date the tide of students eastward from the new States and Territories was a large one; and, while some of those who came with it were gentlemen of high scholarly attainments, the majority were fresh from the cattle ranch, the farm or the shop, with little or no learning. The teaching faculties cared little provided they brought their cash along with them. It may be said without any exaggeration, that until 1880 one could secure a diploma in nearly any medical college without being able to do more than write his own name. He was given qualification with elaborate parchment, with stately latin text, of which he was as innocent as the new-born babe. It was set forth that he was fully qualified, etc., when, as a matter of fact, in many instances, he had never seen even a simple case of labor, and of practical medicine or surgery he knew absolutely nothing. Those were palmy days for our medical colleges, as their stocks yielded better than a gold mine.

Happily, now all this is changed. With few exceptions, every State has its own well-equipped medical college and faculty for thorough teaching. A preliminary, general education, equivalent to the English standard, is demanded, and nothing less than a four years' course is required in all but a few unimportant instances

The British provinces, which were large feeders to the Eastern colleges, have raised a barrier against their students coming into the States by raising their standard, so that now it has practically come to pass that each college must chiefly depend on material from its own State. This is as it should be, for there is no good reason why small teaching faculties should not be as capable to train students for the battle of life and for advanced knowledge in medicine as those of mammoth proportions; and, as a matter of fact, many of our most eminent practitioners are graduates of schools little known beyond their own States. With those who intend to study special branches, or qualify as consultants, then, for post graduate instruction, it becomes necessary to visit the great metropolian centres of America and Europe. We cannot

indorse the views of a distinguished physician, who was the orator at one of our large annual meetings, who declared we had altogether too many medical colleges, and that instead of organizing weaklings "we should make the strong stronger." We have all along contended that what we need is not so much larger colleges, as better ones. There is no reason why we should not double their number, taking only the precaution to insist on a high standard for admission and State examinations.

Those colleges which boast of classes from four to eight hundred cannot possibly do justice to each individual student. After all, the college does not make the man; he must make himself.

The career of medicine offers as many inducements now as it ever did, though those who take it up with a view of a secure and easy living, without incessant toil, the expenditure of enough capital to start on a moderate scale in many lines of trade, a large sacrifice of time in preparation and delay in securing a living income, will be certainly disappointed.

We have a more inteliigent public to deal with now; proprietary nostrums and homeopathic remedies are largely purchased by those who dabble in domestic medicine; cheap transportation for dispensaries, club doctors, etc., all combine to make it more and more difficult to eke out a living in the practice of medicine.

NEW SURGICAL AMPHITHEATRE IN PHILADELPHIA.

Plans are now being prepared for the erection at the Medico-Chirurgical Hospital of one of the finest surgical amphitheatres of the world. It will probably be completed next spring, so that it will be in readiness for the summer lectures. Dr. William Easterly Ashton, professor of gynaecology, and Dr. James M. Anders, professor of the practice of medicine, who have just returned from Europe, went abroad to look at the amphitheatres of the Old World and get any ideas that may be of service in the construction of the amphitheatre for the hospital.

The amphitheatre will cost about $100,000 and will be built to accommodate 600 students.

The hospital owns six buildings on Eighteenth street above Cherry. The rear of these buildings will be torn down and the amphitheatre will be constructed in the space intervening between the hospital building and the main parts of the houses. It will be of Pompeiian brick and iron, and will also be fireproof. It will connect with the Maternity Hospital and also with the main hospital building by bridges, so that patients can be taken to and from the clinics in the most expeditious manner.

Around the new amphitheatre of the hospital will be rooms for Dr. Laplace, Dr. L. Webster Fox and Dr. Ashton. In addition there will be an apartment for the medicine department. Last year 24,391 patients were treated in the clinics and the surgical amphitheatre is needed. There is also in contemplation a bacteriological and pathological laboratory. This branch of medical science is playing such an important role that it is considered by advanced physicians as one of the most necessary features of the curriculum.

The outlook for the Medico-Chirurgical College this year is most flattering. It is expected that there will be between 350 and 400 students.

A DOCTOR SUED FOR FORTY THOUSAND DOLLARS

By a Vender of Eye-Glasses and the New York County Medical Society Refuses to Share the Responsibility of Its Member.

Dr. Frank Van Fleet, of New York, during the past winter in an essay before the New York County Medical Society, called into question the propriety of allowing a lay firm to further advertise in the Medical Directory of the society, as their methods were irregular, inasmuch as they claimed to have "superior methods for the detection, treatment, etc., of ocular defects."

In consequence of the criticisms which Dr. Van Fleet had made,

which were taken and spread broadcast through the press, to whom they were given by a reporter present, this firm has sued the doctor for $40,000.

The doctor's defense is that what he submitted was in the nature of a privileged communication that the society unanimously supported his conclusions, which were intended in the interests of the whole profession and the public, and, therefore, the society should now come to his rescue when he has been set on by a body of sagacious quacks. But note the attitude of the society, which should now raise its aegis and give battle to those who would mulct a member for the performance of a duty which he owed the community and his profession as well. The Comitia-Minora—the executive body of the society—deny that the society is in any way responsible for the opinions of its members, and refuses to extend the doctor any support.

This is most unfortunate, and will be certain to work incalculable harm on legitimate medicine in the future. Why, indeed, should one join a medical society at all if not with a view of securing its support in the resistance of oppression, imposition or extortion? Truly, all cannot be authors, writers or college professors; many are too busy to attend the meetings; but all expect and are entitled to the united support of their medical organization in the event of persecution.

Dr. Van Fleet is a well-known opthalmic surgeon, and of late has done noble yeoman work in the tearing out from the roots that cursed upas tree, the free hospital and dispensary, and deserves not only the entire sympathy, but the generous and undivided assistance of those who would raise the profession of medicine to a level something higher than a trade. It will be remembered that the County Medical Society of New York has repudiated the code; therefore, every man is practically a law unto himself. We have always professed to a view that the less laws the better; though, unhappily, we are more and more impressed from our daily observations that the millennium has not yet arrived, and there are many yet who to hold in line need the firm grip of a stiff curb to restrain their drifting tendencies.

One loses his patience with those commencement orators, with their cant and flummery about the sacred calling and noble profession of medicine, when some of those loudest shouters are the very first to ignore a brother practitioner when he most needs their help

It is most certainly to be hoped that at least for the reputation and fair name of the New York County Medical Society, which has had on its rolls and has to-day many of the most eminent in the American profession, it will reconsider its action, and come out, sans peur, in defense of a member, the victim of a persecution, who, like Dr. Reeves only performed his duty to his profession.

Book Reviews.

HERM. KUEMMELL, DIE OPERATIVE HEILUNG DER PROSTATA-HYPERTROPHIC. H. Kornfeld, editor, Berlin.

The author begins with the description of the anatomical relations of hypertrophied prostate, and then discusses the theories of its etiology especially as to wether it be primary or secondary in its origin.

The first half of the book is composed of full descriptions and reports of prostatectomy and catheter-shaped instruments, of a discussion of the galvano-caustic treatment of Bottini, which the author thinks very favorably of.

External prostatectomy, by Garley's method is considered of but little value. Dittle's operation and the complete exterpation of the hypertrophied prostate are treated of at some length.

The second and more important part of the work is devoted to castration.

After touching on the fact that post-mortems upon subjects affected with congenital or acquired loss of the testicles had demonstrated that atrophy was invariably present,

Knemwell brings forward 52 cases of operations, collected from all sources.

Of these, one patient lived without improvement, three died, and the other 48 improved rapidly in health and condition.

Castration for the cure of prostatic hypertrophy has doubtless the great advantages of technical simplicity and freedom from danger, for it can, if necessary, be performed with merely local anaesthesia, and the patient may be confined to his bed but a comparatively short time.

The work has been elaborated with true German thoroughness and will well repay a perusal.

STUDIO ETIOLOGICO SULLE INFEZIONI DELLE VIE URIUAIRE. Par Dottor Bastianelli, Universita Di Roma.

The author of this excellent monograph is one of the best known and most distinguished, among the younger generation of surgeons in Italy. Not many years since he visited the United States to study in our hospitals those subjects cognate to the science and art of surgery and gynaecology. Previously he had made a long sojourn in England, where he was successively the private student of Lawson Tait. Spenser Wells and Sir Joseph Lister. He finally went to Paris, and there, under Pean and other equally eminent surgeons, finished his preparation for entrance into the field of surgery. The study which his latest contribution to surgical science embraces is just now one of the most important character, as it opens to us the new fields and promises in the near future to wholly revolutionize our present system of therapy.

Dr. Bastianelli has, indeed, placed the whole profession in his debt, for the magnificient, exhaustive and complete exposition which his essay contains on the infection of the urinary passages by pathogenic bacteria. His work most clearly illustrates the full scientific detail which must now, in our time, be observed in diagnosis of infectious diseases, along the genito-urinary track.

He gives us, at length, the views and conclusions of the best known authorities in Europe and America on the subject of the morphological element in urethral infection, besides states in full detail his own mode of procedure in dealing with this class of cases. Not only is he not satisfied with an examination of the urine in a cursory way, but he always insists the microscopical, staining, culture and inoculative test, in all cases of questionable etiological origin. It may be said with all truth and sincerity that this valuable monograph is well up with the last on the subject it considers and is the most valuable by far from a scientific standpoint that has yet been produced in Europe.

Electro-Therapeutics.

IN CHARGE OF

DR. S. H. MONELL, New York.

ELECTROLYSIS BY A CURRENT CONTROLLER FOR THE REDUCTION OF SPURS OF THE NASAL SEPTUM.*

BY. W. E. CASSELBERRY, M. D.
From the N. Y. Med. Journal.

Customarily spurs or excrescences of the nasal septum are removed by surgical means by the knife, saw, and drill, and I wish to disclaim now, as I did in a recent preliminary report on the same subject, any idea of indorsing electrolysis as a universal substitute for the surgical method, for the latter, in skillful hands, is more rapid, more precise, and in the case of bony spurs certainly more effective than is electrolysis. Certain European operators have advocated the method by electrolysis; a few have praised it with perhaps a degree of extravagance, and yet it would seem that a modicum of actual fact must underlie so much enthusiasm.

My own experiments have been undertaken to determine the scope, or, better stated, the exact limitations of this method—in what class of cases it is possible by means of it

to avoid a more or less sanguinary operation, and to what extent one can utilize it to reduce spurs and thickened areas of minor degree, those which are scarcely deserving of surgical treatment with its possibilities of troublesome hemorrhage, but which one would like to see resolved for the sake of the additional nasal space and better drainage which would thereby accrue to the patient.

A resume of the previous literature of the application of electrolysis to the treatment of nasal spurs need be but brief. Miot, of Paris, was the originator in 1888, and following him Garel, of Lyons, reported his results in thirty cases; but my attention was first drawn to the method by Moure at the Ninth International Medical Congress at Berlin in 1890, where he read an elaborate paper on the subject and described minutely the technique. Moure and Berbonie have since embodied their studies in a monograph, published in Paris in 1892, and Moure again in 1894, before the Eleventh International Medical Congress at Rome, discussed in a paper the comparison between electrolysis and other methods of treatment for the destruction of deviations and spurs of the nasal Septum. Moritz Schmidt, in his book (Die Krankheiten der oberen Luftwege), published in 1894, confirms the efficacy of the method as advanced by the French operators, a significant fact which tends to remove the sense of skepticism with which the subject was first viewed in America.

Among others may be mentioned Peyrissac, Meyer, and Heryng, all cited by Newcomb.

Only two papers by American authors have come under my observation; one by Newcomb, of New York, with a report of two cases and an excellent review of the bibliography and technique, and the other by Ballenger, of Chicago, with a report of three cases.

All of these operators have employed as the source of the electricity a primary galvanic battery of about thirty cells. The inconveniences of this apparatus, and especially its unreliability when called into use only at irregular and prolonged intervals, has deterred many from trying the electrolytic method. I have sought to avoid these annoyances by adapting the Edison electric light circuit to the purpose by means of lamp resistance and the McIntosh current controller. The controller, together with a milliamperemeter, cords, and needles, is contained in a small drawer within easy reach as one sits in position for the treatment of patients, and is always ready for immediate use without waste or corrosion. It is as easily and readily applied as the galvano-cautery, except for the few minutes' additional time that its energy needs to accomplish the work. When used it is necessary only to pull out the drawer, adjust the milliamperemetre, and insert the needles.

The current strength necessary for electrolysis of nasal spurs is from fifteen to forty milliamperes, measured with the resistance of the spur in the circuit, and, to supply this current, from fifteen to thirty cells of a galvanic battery would ordinarily be used with a corresponding electro-motive force of from twelve to twenty volts or more. A current suitable for electrolysis should be characterized by moderately high tension or voltage and comparatively low current strength or amperage.

The Chicago Edison current has an electro-motive force of one hundred and ten volts, which must be reduced by the current controller. The amperage, of course, depends on the amount of resistance in the circuit, but it also can be correspondingly reduced by the resistance of lamps and the controller so that with the spur in the circuit it measures the requisite number of milliamperes.

The current controller was described at length in my preliminary report. It will suffice now to say that it is composed of a number of resistance coils of varying size, arranged in two rows, with sliding contacts to each, so that the patient may be placed in a shunt circuit to one or more coils. The coils on the left divide the electro-motive force into tenths, and its contacts I have

named the decimal slide, while the coils on the right divide the electromotive force into hundredths, named in consequence the centesimal slide. Thus, if placed in direct connection with the one-hundred-and-ten-volt Edison circuit, and the decimal slide be advanced to 1, enough coil resistance is removed to secure a current intensity of one-tenth of a hundred and ten volts, equal to eleven volts. In like manner, if advanced to 2, two-tenths of a hundred and ten volts is secured, equal to twenty-two volts. If now the centesimal slide be advanced to any given contact, say 4, there will be added four hundredths of a hundred and ten volts, or four volts, equal now to twenty-six volts.

But the decimal division of an initial one-hundred-and-ten-volt circuit is still too painful to the patient on advancing the contacts, so I have resorted to the expedient of placing a sixteen-candle-power lamp in the circuit (in series), the resistance of which reduces the original electromotive force aside from the action of the controller to an initial current of fifty-five volts The result is, that on advancing the decimal slide of the controller to 1, enough coil resistance is removed to secure a current of one-tenth of fifty-five volts, or on advancing to 2, two-tenths of fifty-five volts, equal to eleven volts; and on advancing the centesimal slide there will be added at each successive coil contact one one-hundredths, two one-hundredths, three one-hundredths, or four one-hundredths of the initial fifty-five volts, or, if stopping at 4, equal to two volts, which, added to the eleven volts of the decimal slide, makes in all thirteen volts. This is about the arrangement of the mechanism with which I have treated most of my cases. The controller has been constructed and has been thoroughly tested with a view to absolute safety, the details of which have previously been described.

I have used exclusively the bipolar method, as it is conceded by all to be equally if not more effective than the monopolar, and it is more convenient to the operator and less disagreeable to the patient. Not more than two needles, one representing the positive and the other the negative pole, should be employed, as there is no advantage in the use of multiple points, and it is thought to be more difficult to estimate the exact amount of destruction when more than two points have been inserted.

The parts of the needles intended for insertion into the spur should be from fifteen to twenty millimetres in length, about half a millimetre in thickness, and they should lie parallel and distant from each other about three millimetres.

The material which I have found best adapted to the purpose, all things considered, is irido-platinum, in which enough ididium is placed to make the composition very hard and stiff. A very sharp point can be given this substance, and its penetrating power is almost equal to steel. Not being oxidizable, irido-platinum needles can be used repeatedly, and hence can be permanently soldered to metallic conductors running through a light handle, which then constitutes the needle-holder. I have devised and had constructed by the McIntosh Company such an instrument, which meets all requirements, and it has the advantage of being always ready for immediate use, without loss of time in screwing and unscrewing steel or gold-plated needles into an adjustable needle-holder. Moure and others recommend steel needles, especially such as are used by sailmakers. That connected with the positive pole will oxidize, which does not harm the patient, but necessitates replacing the needle by a new one at each treatment, and I have been unable to obtain a neat, light adjustable needle-holder which would firmly fix and carry two needles, and to use separate needle-holders is awkward. Even steel will not penetrate bone, and irido-platinum will easily penetrate cartilage.

I have treated by the electrolytic method ten cases, and for the sake of brevity, and to enable us the better to draw definite conclusions therefrom, these may be classed in three types according to the compo-

sition and location of the spur and the degree of success attained. Three of these cases have already been reported in detail, so that others will be selected for elaboration as representatives of the various types.

TYPE I. STRICTLY CARTILAGINOUS SPURS.

Case I.—Mr. R., a medical student, has witnessed in my clinic at the Northwestern University Medical School operations for the removal of septal spurs by both the surgical and electrolytic methods, and he willingly submits his spur to treatment by the latter process. It happens to be of the strictly cartilaginous class, the sort of spur best adapted for reduction by electrolysis.

It is an ovoid excrescence, truncated or flat at the base, projecting from the right side of the septum, a distance at its point of greatest thickness of about five or six millimetres, sufficient to occlude almost entirely the right nostril. It is confined to the quadrangular cartilage and is implanted upon the convexity of a slight but, in itself, not material deviation of this part of the septum.

Electrolysis by means of the Edison current and McIntosh current controller, one sixteen-candle lamp in the circuit; bipolar method, with the author's needles or irido-platinum, which were inserted into the body of the spur well toward the bottom, the thickest part, one needle above the other and extending almost through the spur, a distance from the front to the back of about eighteen millimetres. A ten per cent. cocaine solution on cotton had previously been applied to both sides of the septum for fifteen minutes. The decimal slide of the current controller was pushed to 1; the needles then being inserted, the milliamperemetre registered twenty-milliamperes; the slide was then advanced to 2, which equals a current of eleven volts, the metre registering forty milliamperes. On making contact 2, a slight shock was felt. No further increase was made in the current in this case, as forty milliamperes is adequate. This was maintained for eight minutes, during the last five of which the patient complained of feeling faint, but it was not necessary to change position or suspend the treatment. The pain was slight, the patient not regarding it as of any moment. There was evolution of gas with crackling sounds, and at the end of eight minutes the larger part of the spur had assumed a mottled bluish and whitish aspect.

At the end of one week the slough had not yet separated, although some shrinkage in size was apparent. Annoyance occasioned by incrustation was at once relieved by the use of an ointment of yellow oxide of mercury in vaseline, two grains to the ounce.

At the end of two weeks the slough had disappeared, leaving a granulating, grooved surface through the lower part of the spur. The loss of substance is pronounced; had it been more so, perforation must have resulted.

At the end of three weeks the treatment was repeated, but for a shorter period of five minutes, to the upper part of the spur, which is not so thick. This followed much the same course, and the result is satisfactory, abundance of space and a fairly even surface having been obtained.

The chief difficulty in the reduction of cartilaginous spurs is to determine exactly when sufficient destruction has been effected. One does not wish to produce a perforation, and a close watch should be maintained in the opposite nostril and the electrolytic action discontinued on the slightest mottling in hue or escape of gas from that side of the septum. But there is reason to think that too great destruction can be effected even short of the production of these danger signals, and other safeguards, such as not inserting the needles too deeply, nor permitting the treatment to endure too long, should be kept in mind. The duration necessary depends somewhat, of course, upon the current strength; but with the metre registering from fifteen to forty milliamperes I have not found it necessary to exceed from six to eight minutes for the devitalization of cartilage. The continental authors cited men-

tion fifteen to twenty-five minutes as the duration of their seances, would seem unnecessarily long.

(To be continued.)

Surgery.

IN CHARGE OF
DR. T. H. MANLEY, New York.

OVARIOTOMY, EIGHTY-EIGHT QUARTS OF FLUID: RECOVERY.

Reifsnyder (Amer. Journ. of Obstet.), describes two cases of ovariotomy performed on native Chinese women in the Margaret Williamson Hospital, Shanghai; both patients recovered. In the first case the patient was 23; the tumor weighed 80 pounds. The second patient was 25 years of age; she married at 19, and soon afterwards her abdomen began to enlarge. She had never been tapped. She was 4 feet 8 inches in height, and the circumference at the umbilicus was 5 feet 7 3-4 inches. She passed about 16 oz. of urine in twenty-four hours, free from albumen; its specific gravity was 1026. Her appetite was good, and the bowels acted once or twice daily. She had been unkindly treated as a sterile woman unfit for domestic work. After numerous precautions, ovariotomy was performed. Chloroform was given; her head and shoulders had to be somewhat elevated; she took but little of the anesthetic. Eighty-eight quarts of fluid were removed; the tumor consisted of one large and one very small cyst; there were free adhesions superiorly. The empty tumor weighed 6 1-2 pounds. There was no ascitic fluid in the abdominal cavity. The pedicle was long and about 2 1-2 inches broad. The abdomen was washed out, then the wound closed with twelve silk sutures. There was much shock at first. After the first day she passed urine voluntarily, and her bowels were moved forty-one hours after operation. On the second day there was flatulent distension, the pulse rising to 102 degrees. Rochelle salts were given. Her second night was the worst; she had two hypodermic injections of digitalin (1-100 grain), brandy by the mouth twice, one turpentine enema, and a capsule of turpentine taken by the mouth. Afterwards she did well. Her weight, two months after the operation, was 92 pounds.

FROM

Foreign Exchanges

BY DR. F. E. CHANDLER,
Boston, Mass.

THE TREATMENT OF CROUPOUS PNEUMONIA WITH DIGITALIS.

Naegeli-Akerblom (St. Gallen). Col. fur Klin. Med., 10 August, '95.

The treatment of pneumonia with digitalis was first brought into notice by Petresco in Bucarest. He used doses of 4-8-12 gm. digitalis pro die without any bad effects whatsoever, and had a mortality of 1.2-2.6 per cent in 1192 cases treated with it, while other methods of treatment were followed by a death rate running, in some cases, as high as 34.5 per cent.

Koepfel lost one in 15 cases treated with digitalis (3-4 gm. pro die in infus.)

Fikl had, on following the same treatment, but one death in 61 cases.

Lepine on treating forty pneumonia cases with digitalin (0.003-0.006 pro die) got equally favorable results.

Loewenthal, on the contrary, found nothing to especially recommend it.

The use of digitalis in pneumonia has been in constant employment by Massini, in Basle, since 1871. His initial treatment is 1.5-2.5 gm., fol. digitalis in 200 gm. water in infusion. Dose, one tablespoonful every two hours, or at the crisis with another 1.5 gm. fol. digitalis in infusion, also considerable camphor and alcohol.

The author gives 2-3 gm. fol. digitalis to 200 gm. infusion in the first days of illness, this to be used up in two days. On the following days he recommends:

R. Camphoral 2.0
Lig. Ammon. Anis 8.0
Sig.—4-5 drops hourly.

If the pulse be over 100 and the

temperature above 39, the digitalis is to be repeated

Digitalis frees the circulation in the lungs and stimulates the vagus this directly affecting the breathing.

Experiments on rabbits show that digitalis triples or quadruples the number of leucocytes in the blood and in this way is an invaluable adjunct to the treatment of pneumonia.

In the Therapeutische Wochenschrift of August 11, 1895, is a six-page article, by Dr. Y. Corin, of Luettich, on the same subject. His results are identical with those of Dr. Naegeli-Akerblom, although he uses the chloroform-digitoxin as prepared by Prof. Schmiedeberg, of Strasburg, Alsace.

C. Sziklai in No. 13, of the Wiener Med. Presse, reviews a case of bilateral croupous pneumonia which was cured in 48 hours' time by the use of pilocarpin.

Lepine, of Lyons, in the Semaine Med., of July 31, recalls the cases of three patients in his clinic whose only nourishment while undergoing treatment for hypersecretion of HCL in the stomach, was in the form of enemata.

The enema consisted of 140-150 gm milk or bouillion, two yolks of eggs, 10 gm. sugar and 20 gm. wine, six times a day.

The first patient lost but 800 gm. in 17 days' time; the second gained 550 gm. in a fortnight, while the third, by letting good digestion wait on appetite, tipped the scales 2 1-2 kg. heavier at the end than at the beginning of his treatment.

Smirnow (St. Petersburg), gives in the Berliner Klim. Wochenblatt, his experiments in the treatment of diphtheria with an artificial antitoxin.

The chief Austrian Board of Health in its last meeting decided that beer slops were highly prejudicial to the public health and must not be mixed with fresh beer under penalty of sections 403 and 407, etc., etc.

Speaking of beer, a very dry subject by the way, reminds me of the test imposed upon the brewers of the good, old Reichstadt Strasburg in the days long gone by. When the beer had had its six months of cellar and was ready for sale, the city fathers, 16 in number, with the burgermaster, went to the brewery and took their seats on two long benches, well wet with beer, one on each side of the council table. After two pots (one gallon) of the brew had been sampled by each of the Councilors, upon a signal given by the Mayor, all arose together and if the benches did not come up with them, the beer was condemned to be run into the gutters

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In the Memorabilien, under date of August 25, 1895, Dr. Edmund Zuntz, of Dresden, has a very interesting article on the prevention and treatment of ophthalmia nenatorum. He shows himself as strongly opposed to the use of a two per cent. solution of silver nitrate as prophylactic and says emphatically. "As to preventtive treatment, thymol is a cheap drug, as well as the least irritating, the safest and the one which does its work the quickest. A saturated aqeous solution of thymol (1-1000) will stop the developement of the gonococcus in a few moments, and then destroys it." Digressing somewhat from his subject, he offers the following food for reflection for infants and invalids. "It is on account of its rapid and certain action on the gonococcus that I have highly recommended it to the puellae publicae as wash water (for the eyes?). It can also be used by the men and, after urinating, a few drops may be injected into the urethra. It is sure and harmless!"

For the treatment of a fully developed gonorrhoeal ophthalmia the eyes are to be cleaned with cool water and then finely powdered iodoform blown into the conjunctival sack. Cloths wet in ice water, as in the usual treatment.

"If the swelling of the lids be extreme and the formation of pus excessive, the powdering with iodoform must be often repeated.

Great success is claimed for this treatment and surely it is simple enough to merit a trial.

Goldman (Therap. Wocheusch.) says in administering trional keep the following points in mind:

1. Never give doses of more than 2 gm. 1 to 1.5 gm. is usually sufficient.

2. Never give it dry or with cold water.

3. Interrupt its administration occasionally.

4. To prevent accumulation and hasten excretion give some "soda-water or mineral water charged with CO2 during the day

---

From Paris comes the announcement of Champonniere's discovery of the action of guaiacol as a local anesthetic.

It has been tried in extracting teeth in the form of a 5-10 per cent. solution in olive oil, injected into the gum near the tooth which was to be pulled. The operation was wholly painless Anesthesia appearing after 5 to 10 minutes after the injection.

From the Blatt of Klin. Hydro-therapic we find a notice of Prof. Dr. Aberg's ice water cure for phthisis. It consists in slowly freezing the patient until he commits suicide to get away from his tormentors.

The Revue Medic de la Suisse Romaude contains a notice of the death of Dr. Vialet, who will be remember-er as the author of that remarkable paper on "The Nervous Centres of Vision and the Intra-Cerebral Visuel Apparatus."

Dr. Vialet was one of the most promising young physicians of the continent, a thorough worker, an indefatigable investigator, and of a modesty seldom to be found in one of his attainments.

CHANDLER.

De Marwedel, in an article on entero-anastomosis (Beitrage zur Klin., Chirurgie, Bd 13, Hft. 3), after an elaborate historical retrospect reviews, conspicuously the Murphy button method. He himself made 14 experiments on dogs; five simple anastomosis; four resections; three oblique end to end, three cholecystenterostomies, and one gastro-enterostomy

Of five resulting deaths, not one can he ascribe to the method per se (post hemorrhage); in four other cases due to perforation-peritonitis, one case following faulty technique and the other three, due to faulty construction of the button—the space beween the male and female being insufficient to grasp the wall of the bowel.

Twice the button failed to escape, once remaining in the blind pouch of a bowel, and the second (gastro-enterostomy) remaining in situ, due to partial atrophy of the enclamped walls of the button.

In operating with the button, he fully follows and compliments the technique, as devised by the inventor. With no hesitation he laurels the Murphy invention; but advises its conserative use, over that of the Lembert-Czerny suture, and in such cases only to be employed where the condition of the patient requires speedy performance.

De Kapertowsky, "How often is found gonococci and other bacilli in the cervix uteri of prostitutes discharged cured," states, "From the hospital these prostitutes are discharged cured, when on the morning examinations nothing abnormal is found on the mucous membrane of the genital organs, when by pressing on the urethra no secretion is noticed, and finally when under examination with speculum no secretion, or at least only mucous secretion, is found. The author examined 163 prostitutes, 92 of which, from clinical symptoms, were diagnosed as gonorrhea, and 71 others ailments, with exclusion of gonorrhea. From the 92 cases, 9-10 per cent. the gonococci were found, while other bacteria 33-36 per cent. From the 71 cases, 5-7 per cent, gonocicci, and 49 per cent., other bacteria. Thus, under police regulated healthy prostitutes, 8 per cent. have the gonococci, and 41 per cent. other kind of bacteria. K. concludes that by thorough microscopical examination only few of the prostitutes could be discharged cured from the hospital.

A. D. D.

Miscellany.

THE PHYSICAL SIGNS OF ABDOMINAL DISEASE.

The first of a series of articles complied from Haymen's lectures by Lion (Arch. Gen. de Med., August) on certain forms of abdominal disease, is devoted to the consideration of the effects of compression, or, as he terms it, "corset disease." Judging from Hayem, this is a more complicated condition than would at first appear, for, according as the natural conformation of the throrax varies, so construction by the corset differs in its effects. The author describes three chief deformities. The first is suprahepatic construction, and is found in women with a naturally large thorax, and of low stature. There is diminution of the antero-posterior diameter, and the lower ribs are displaced outwards. In this form there is downward displacement of the liver, and, in a general way, all the abdominal organs, including the pyloric end of the stomach; the stomach, therefore, assumes an almost vertical position, and the transverse colon becomes V-shaped. In the second variety there is hepatic constriction, the thorax is long, and tapers; there is not much external deformity, but merely a tendency to bending outwards of the lower ribs at their angles. In this variety there is diminution of abdominal capacity, the liver increases in vertical extent, and presses the pylorus and duodenum aganst the vertebral column. There is thus no displacement, but compression; the result is dilatation of the stomach towards the pyloric end, with, perhaps, hour-glass constriction as well. The third variety is considered by the author as the most important and the least recognized. It is the subhepatic. The compression takes place at the level of the last ribs and the lower margin of the liver. In many cases a certain amount of shortness of the sternum induces this deformity. The result is a displacement upwards of the liver, with consequent tension of the diaphragm. This produces a certain immobility of the diaphragm and the lower thorax, so that palpitation and dyspnea may be present on movement, and even slight exercise may cause general discomfort. The transverse colon is also displaced, and so with deficient diaphramatic action constipation is caused, especially as the dyspnea, etc., induce the patient to lead an inactive life.

E. B. Treat, Publisher, New York, has in press for early publication the 1895 International Medical Annual, being the thirteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements, and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of thirty-eight distinguished contributors and specialists, from America, England and the Continent. It will contain the progress of medical science in all parts of the world, together with a large number of original articles and reviews by authors on subjects with which their scientific reputation is identified. In short, the design of the book is to bring the practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be freely used in elucidating the text. A most useful investment for the medical practitioner. The price remains the same as heretofore, $2.75.